

**Part I** General Information

1 Name of organization <b>MISSISSIPPI MANUFACTURED HOUSING POLITICAL ACTION COMMITTEE</b>		Employer identification number <b>64 0916043</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>P. O. BOX 54266</b>		
City or town, state, and ZIP code <b>JACKSON MS 39288</b>		
3 E-mail address of organization <b>NELLH@MSMHA.COM</b>		
4a Name of custodian of records  <b>JENNIFER HALL</b>	4b Custodian's address <b>1001 AIRPORT ROAD</b> <b>JACKSON MS 39208</b>	
5a Name of contact person  <b>JENNIFER HALL</b>	5b Contact person's address <b>P O BOX 54266</b> <b>JACKSON MS 39288</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <b>1001 AIRPORT ROAD</b>		
City or town, state, and ZIP code <b>JACKSON MS 39208</b>		

**Part II** Purpose

7 Describe the purpose of the organization

**TO PROMOTE AND FACILITATE THE ACCUMULATION OF VOLUNTARY CONTRIBUTIONS FROM MEMBERS,**

**AFFILIATES, EMPLOYEES AND FRIENDS OF THE MISSISSIPPI MANUFACTURED HOUSING ASSOCIATION, ITS**

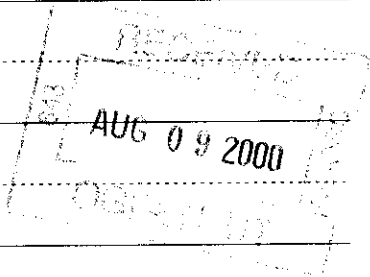
**SUBSIDIARIES AND AFFILIATES, FOR THE SUPPORT OF POLITICAL PARTIES AND VARIOUS CANDIDATES**

**FOR ELECTION TO OFFICE IN THE STATE OF MISSISSIPPI AND FOR ALL OTHER ACTIVITIES OF A STATE**

**POLITICAL ACTION COMMITTEE.**

**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<b>MS MANUFACTURED HOUSING AS:</b>	<b>SPONSOR</b>	<b>1001 AIRPORT ROAD</b> <b>JACKSON MS 39208</b>



**Part IV** List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name	9b Title	9c Address
JOE SANDERS	CHAIRMAN	P O BOX 912 CARTHAGE MS 39051
CHARLES STRICKLIN	DIRECTOR	216 E AVALON CIR, STE A120 BRANDON MS 39042
GEORGE BARNHILL	DIRECTOR	2250 HWY 80 WEST JACKSON MS 39204
KEITH KENNEDY	SECRETARY	1004 4TH ST. NW RED BAY AL 35582
JOHN BOSTICK	DIRECTOR	P O BOX 507 RED BAY AL 35582
GARY MAYO	VICE CHAIRMAN	195 DAUGHTERY HIL ROAD PETAL MS 39465
JENNIFER HALL	TREASURER	P O BOX 54266 JACKSON MS 39288

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**

Signature of authorized official

Date